

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90973 045 ***150.00

DOCUMENT # ~~P000000~~ 92321

1. Entity Name
Animals Etc., Inc.

DO NOT WRITE IN THIS SPACE

80057556

2. Principal Place of Business <u>161 East 36 St</u>		3. Mailing Address <u>161 E 36 St</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Hiialeah, FL</u>		City & State <u>Hiialeah, FL</u>	
Zip <u>33013</u>	Country <u>USA</u>	Zip <u>33013</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>05-1045256</u>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Shaquira Bonilla</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>9088 NW 119 Terr</u>	
	City <u>Hiialeah Gardens, FL</u>	Zip Code <u>33018</u>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE n/a (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CEO/S</u> <u>Shaquira Bonilla</u> <u>9088 NW 119 Terr</u> <u>Hiialeah, FL 33018</u> <u>Gans</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CEO/T</u> <u>Jamie Silva</u> <u>161 E 36 St</u> <u>Hiialeah, FL 33013</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE: Jamie Silva 3/25/02 305-219-4777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)